

On May 3, 2005, the Kansas Mental Health and Aging Coalition sponsored the 2005 Mental Health and Aging SUMMIT, "**Visions for Kansas: Older Adults at the Crossroads.**" This year's summit was designated as an **Independent Aging Agenda Event**. The event report and recommendations will be submitted to the Policy Committee of the White House Conference on Aging. The event was free to all 110 attendants; it qualified for continuing education units and was paid for by donations, including the facilitation services provided by Melissa Ness from Connections Unlimited, Inc.

The summit's agenda centered on the issues of "Our Community" and how we can transform mental health services to improve access and increase mental health services for older adults in Kansas. The event started with cabinet level secretaries and experts sharing information from their area of expertise, ranging from service delivery systems, education, mental health, aging, and advocacy. The event ended with a report out and wrap-up of each workgroup's recommendations for possible solutions in making the system work better in Kansas. (Attachment I: Event Agenda)

Participants were asked to review the current definition of family-driven care and to provide feedback on whether the definition would also represent the needs of older adult consumers. They heard how collaboration has the potential to build relationships and increase cross-functional services across systems. Information was provided on collaboration efforts already in place between state agencies and the benefits coalitions can have in providing a meeting time to discuss what services are available and how individuals could access those services.

Information was presented regarding how the 29 state licensed mental health centers operate in catchment areas and are required to deliver services in that specific area. In addition to the state providing funds for the development and delivery of services, each area's county governments provide different amounts of local mill levy funds to ensure services are available in their specific counties and that those services are specific to the needs of their residents. Examples of these issues were: a person with private pay could access services in any county because there are no licensing issues tied to the reimbursement, but with publicly funded services each community mental health center may handle fees differently (discounted fee or a sliding fee scale); or a person living in rural Kansas may not access services because there is no formal or informal transportation system available to them; or if a more urban county is experiencing waiting lists they may build in criteria that prohibits them from serving surrounding counties because of limited staff to serve the demands outside of their county.

There was discussion on the issue of the shortage of geriatric professionals in public mental health services. Participants heard how there is a low recruitment and retention of individuals going into social work, especially in the areas of psychologists, psychiatrists, and nurses with geriatric expertise and experience. The challenges identified were having an aging curriculum, internships, placements and increasing competencies.

Funding was a common thread throughout discussions and how to fund mental health services for older adults. Information was provided in way of a tip sheet that covered Medicare, Medicare supplemental insurance and secondary insurance, other insurance, Grants, and County Funding. It was stressed that the concern is more than funding following the population but how to ensure access to needed mental health services and the professionals who can provide the services.

Consumers and advocates informed participants about consumer advocacy and stigma busting. It was suggested there is a need for trained/certified older adult service coordinators. These individuals would oversee program development, training, and interagency collaboration, and participate in regional and statewide planning activities with other agencies serving an elderly population. It was emphasized that story telling is a great tool to help people understand what mental health needs are and what services can help meet those needs. Other ideas were to expand peer support and education models to increase opportunities for older adults to access services through their primary health care settings.

Discussions wrapped up with charging professionals, providers and agencies to look at traditional populations served versus non-traditional populations needing services and how that can be accomplished. Additional strategies should include; marketing of professionals, initiatives to promote access and service availability and highlighting centers as a community resource. The experts recommended that new lines of communications are needed and providers and other local stakeholders should be learning about each other's systems and developing strategic plans that can grow with the community and the baby boomers that are coming.

The participants then broke into work groups of five or more and chose up to three priorities to work on. The groups looked at barriers, resources, partners and collaboration to make recommendations for possible solutions in improving services and systems. It should be noted that each of the agenda items discussed have a validity of its own, however for the purposes and to meet the requirements of this report, the following are the top priorities the workgroups identified, prioritized by total number of priorities worked on: 1) Collaboration between Service Providers and State Agencies, 2) Shortage of Geriatric Professionals, 3) Funding of Mental Health Services for Older Adults and 4) Trained/Certified Older Adult Service Coordinators.

Collaboration between Service Providers and State Agencies

The following barriers are not listed in any specific order.

- Multiple service providers and disjointed nature of service coordination
- Confusion about payment sources and paperwork involved in qualifying for services
- Organizational structures of state agencies/providers and their funding structures
- Communication gaps for consumers and providers
- Lack of knowledge/understanding between service providers regarding each other's services and how they work
- Available services are done by different service planning areas/catchment areas (both within the provider network itself and geographical coverage)
- HIPAA guidelines
- Time constraints, limited staff available and efforts involved in keeping collaboration going

The following solutions are not listed in any specific order.

- Create opportunities to share information on what has been done and what is working
- Combine resources/coordination of dollars, get entire community (mental health providers, area agencies on aging, hospitals, doctors, neighborhood associations, fire and police departments) involved in defining what is needed

- Use technology (televideo/telehealth models) for support groups and possibly providing services
- Combine efforts to seek out grant funding, doing more with less philosophy
- Identify wasteful service practices that may be caused by existing procedures, such as multiple case managers that may overlap
- Identify functions that are critical practices based on current best practices
- Fund pilots based on best practices and research
- Inform politicians; involve local and city officials in developing local coalitions that are committed to have personnel involved in improving communication and supports to the elderly
- Educate physicians and their offices on what services are available in the community
- Increase knowledge of services available within each service provider systems

Shortage of Geriatric Professionals

The following barriers are not listed in any specific order.

- Inadequate pool of mental health professionals, especially in rural areas
- Lack of early promotion/support for individuals to go into the health/mental health profession
- Lack of professionals who can provide oversight for practicums
- Lack of prevention and education promoting healthy living
- Lack of incentives to go after a geriatric/mental health degree

The following solutions are not listed in any specific order.

- Offer loan forgiveness, scholarships for rural areas
- Offer stipends for work, certification, education, e.g. Perkins forgiven if willing to commit to working with elderly instead of children
- Work with nursing homes/retirement communities, Medicare/Medicaid agencies, mental health providers, hospitals, Board of Regents, churches, etc., to increase opportunities for practicums and to educate everyone on what is a normal part of healthy aging
- Review/evaluate laws that deal with licensing of professionals who can provide services and what those services should look like, especially for community based mental health services for seniors
- Increase outreach/education to high schools, junior colleges and universities to encourage new professionals to enter aging arena
- Encourage requirements of geriatric study in field placements

Funding of Mental Health Services for Older Adults

The following barriers are not listed in any specific order.

- No allowances for incidental type two billing
- Restrictions on ARNP services and limited availability of professionals qualified to provide services
- Lower reimbursement rates for public providers verses private practice
- Transportation needed to get homebound and rural customers into office for services
- Lack of funding available for mental health aging specialists
- Funding restrictions to meet needs of non-target population

- Limited funding sources (service options) for those on limited income, i.e. psychotropic medications, can be last place when a person is not income eligible for Medicaid and does not have insurance to cover medication need
- Legislative concerns and issues not addressing identified population, i.e. cutting budgets, freezing and/or removing funding for services to elderly

The following solutions are not listed in any specific order.

- Kansas should re-instate incidental type two billing
- Modify ARNP protocol
- Promote more individuals going into psychiatric nursing
- Combine efforts to find grants/match funds to provide aging specialists
- Government negotiating with private vendors to provide formularies for psych medications
- Funding for rural areas that lack resources and services for the elderly population

Trained/Certified Older Adult Service Coordinators

The following barriers are not listed in any specific order.

- Lack of knowledge on language and values that support the views of older adults, such as day services verses day care
- Lack of importance/value placed on working with older adults, viewed as demeaning work
- Definition of geriatric should be more of aging, we're "all" doing it, lack of societal value of the dignity and respect that should be a person's in older life
- Lack of trained, licensed personnel to work with older adults
- Reimbursement for non-billable service components that are an unrealized cost savings
- Clinical services provided mainly in the office
- Lack of knowledge regarding family and older adult consumer needs
- Disjointed service provision and funding causing turf issues
- Health verses mental health instead of a holistic approach
- Small rural populations

The following solutions are not listed in any specific order.

- Senior Centers, congregate meal sites, faith-based organizations, senior housing, assisted living facilities, nursing facilities, area agencies on aging, independent living centers, adult protective services, mental health centers/professionals, doctors, nurses, community businesses, associations, transportation, and volunteer organizations can build a sense of community and look at models like the gatekeeper program in Topeka
- Consider developing programs that are based off of research; what do other states have for programs that are supported by research on mental health and aging
- Develop a model similar to the Program for All-inclusive Care for the Elderly (PACE)-a medical program that coordinates all needed services with incentives for keeping services in the home verses nursing home
- All aging service providers, community mental health centers and area agencies on aging coordinating education and outreach efforts ensuring accurate information is shared and available to all older adults and their families
- Entire community involvement/collaboration in providing service options

Participants also shared thoughts on a SUMMIT Survey/Evaluation. Strategies that individuals or their agencies had already implemented were: 1) Utilization of senior volunteers to provide support and assistance to elderly with needs through programs such as: Senior Companions, Foster Grandparents, and the Retired Senior Volunteer Program; 2) Outreach to seniors at risk for abuse; 3) Crisis assessment program for seniors; 4) Inter-agency collaboration on individual cases; 5) Family and consumer driven plans of care; 6) Partner with Caregiver program; 7) Community outreach, linkage with primary care physicians; 8) Gatekeeper program; 9) Formed coalition with faith-based organization within three communities to establish services for family and those who have dementia; and 10) Arts and Inspiration centers.

Participants reported approaches to prevention and intervention that included: 1) Peer support groups; 2) Medication evaluation/counseling/case management; 3) Depression screening, elder abuse prevention, education of seniors on mental health, and covering services which include housing; 4) Help with Medicare issues, particularly medications and insurance; 5) Nutrition based and work on helping older Kansans understand the importance of good nutrition; 6) Educate, intervene, refer to physicians, senior diagnostic center and community mental health center; 7) Nursing evaluation with proper referrals and follow-up; 8) Facilitate development of grief and caregiver support groups; and 9) Work one on one with other agencies.

There seemed to be an overall logical understanding that there is an unrealized cost saving potential in treating the whole person, instead of doing triage in a variety of ways that does not necessarily meet the older person's total service needs. There was a general consensus that state agencies and service providers should focus on strategies that will engage and include seniors in maintaining community supports. Participants mentioned a need to put "value" on the older person, on their experiences and how they can help develop services that will meet their needs.

The overall recommendations of the group were: 1) Start building partnerships/coalitions across service delivery systems (including nontraditional stakeholders such as faith-based, education and transportation providers); 2) Look at new ways to deliver services that include partnering with other providers; 3) Educate the public at large about healthy living across the life span verses getting old; 4) Use best practice models to build programs on; and 5) Place value on providing services to the elderly, including the provision of incentives for individuals to go into the geriatric and mental health professions.

The SUMMIT Committee extends thanks to: Kansas Mental Health and Aging Coalition (Attachment III), Secretary of Aging, Secretary of Social and Rehabilitation Services and Partners for acknowledging the importance of collaboration and providing the opportunity for the participants to attend the summit. It is the commitment of allowing staff time to listen, learn and exchange ideas on how to meet the needs of older Kansans that give way to new ideas of doing business. It is the opportunity to build upon each other's strengths. Such occasions provide us with insights in how to grow positively and look at how we can meet increasing service demands while providing education to the public at large, so seniors can grow healthier and have a better quality of life.

ATTACHMENT I

EVENT AGENDA

2005 Kansas Mental Health and Aging SUMMIT

"Visions for Kansas: Older Adults at the Crossroads"

Kansas Mental Health and Aging Coalition

Capitol Plaza Hotel and Maner Conference Center
Sunflower Room

Tuesday, May 3, 2005
8:30 a.m. to 4:00 p.m.

8:30 a.m. Registration and Networking

MORNING SESSION (Facilitated by Melissa Ness)

9:00 a.m. Transformation

Improving Access and Increasing Mental Health Services for Older Adults in Kansas.

Opening Remarks:

- **Secretary Pamela Johnson-Betts, Kansas Department on Aging**
- **Acting Secretary Gary Daniels, Kansas Department of Social and Rehabilitation Services**

9:30 a.m. Discussion

Participants will hear and discuss issues/concerns surrounding systems:

- Family and Consumer Driven (**Barbara Huff**)
- Collaboration between Service Provider Systems (**Annette Graham**)
- County Line Problems/Rural Issues (**Ron Denney**)
- Shortages of Geriatric Professionals in Public Mental Health Services (**Rosemary Chapin**)
- Trained/Certified Older Adult Service Coordinators (**Bryce Miller**)
- Collaboration between State Agencies (**Leslie Huss and Valerie Merrow**)
- Funding of Mental Health Services for Older Adults (**Mary Carman**)
- Consumer Advocacy and Stigma Busting (**Karen Ford Manza and Rosemary Mohr**)

Wrap Up of Morning Discussion

- Additional challenges – Participants will provide their feedback on the issues and concerns they experience in providing or receiving mental health services
- Role of Association in Expanding Aging Services (**Mike Hammond**)

11:30 a.m. Lunch (On Your Own)

AFTERNOON SESSION (Facilitated by Melissa Ness)

1:00 p.m. An "Independent Aging Agenda Event"

- Summary of morning

This "independent aging agenda event" is designed to provide input to the Policy Committee of the 2005 White House Conference on Aging. This event is neither sponsored nor endorsed by the White House, nor does it in any way represent the policies, positions, or opinions of the 2005 White House Conference on Aging or the federal government.

1:30 p.m. Action Steps for Transformation of the Mental Health Treatment Services for Older Kansans

- Identify top priorities
- Identify barriers
- Suggested solutions
- Collaboration efforts with Governor's Mental Health Services Planning Council (**Wes Cole**)

3:30 p.m. Wrap-up

A brief report will be submitted from this event. The White House Conference on Aging meets once every 10 years to review current and future policy needs in order to create plans that will serve America's Older population. They accept short summary reports of the events that are held throughout the prior year. A packet of information from the events is provided to the Policy Committee for their review.

4:00 p.m. Adjourn

ATTACHMENT II

LIST OF PARTICIPANTS

List of participant affiliations represented at Event

- Administration on Aging/HHS
- Adult Protective Services (APS)
- Alzheimer's Association and Caregivers
- Area Agencies on Aging (AAA)
- Association of the Community Mental Health Centers of Kansas, Inc.
- Breakthrough House, Inc.
- Catholic Charities
- Catholic Community Services
- Community Mental Health Centers (CMHC)
- Consumers
- County Councils on Aging
- County Health Departments
- Foster Grandparents
- Friendly Visitors
- Governor's Mental Health Services Planning Council (GMHSPC)
- Harper Hospital (Dist5)
- Housing Authority
- Housing Corporation
- Kansas Area Agency on Aging Association
- Kansas Department of Social Rehabilitation Services (SRS)
- Kansas Department on Aging (KDOA)
- Kansas House of Representatives
- Kansas Library System
- Kansas Mental Health and Aging Coalition
- Life Connections
- Meals on Wheels
- National Alliance for the Mentally Ill (NAMI)
- Nursing Facilities (NF)
- Office of the Long Term Care Ombudsman
- Prevention and Recovery Services
- Senior Centers
- Senior Companions
- Senior Health Insurance Counseling for Kansas (SHICK)
- Silver Haired Legislature
- SRS-Economic and Employment Specialist (EES)
- Trinity Presbyterian Church
- Trinity Presbyterian Church
- United Way
- University of Kansas – Office of Aging & Long Term Care
- Veterans Administration Medical Centers
- Volunteers
- Wellness Center

ATTACHMENT III

LIST OF KANSAS MENTAL HEALTH AND AGING COALITION MEMBERS

The Kansas Mental Health and Aging Coalition is made up of partners across systems and includes:

Association of Community Mental Health Centers of Kansas

Bert Nash Community Mental Health Center

Central Plains Area Agency on Aging

Depression and Bipolar Support Alliance

Galichia Center on Aging-Kansas State University

Heart of American's Alzheimer's Association

High Plains Mental Health Center

Jayhawk Area Agency on Aging

Kansas Department of Social and Rehabilitation Services

Kansas Department on Aging

Kansas Public Health Association

Mental Health Center of East Central Kansas

National Alliance for the Mentally Ill of Kansas

Office of Aging & Long Term Care School of Social Welfare-University of Kansas

Older Adult Consumer Mental Health Alliance

Prairie View Inc.

Senior Prevention Intervention Counseling Education

Washburn University